



Exhibit F: COMMERCIAL USE AUTHORIZATION ANNUAL REPORT FORM

OMB Control No.
1024-0268

DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
North Cascades National Park

Attn: Tammra Sterling

360/854-7213 (phone), 360-854-1934 (fax)

***Due by December 1 for current operating year.**

Please enter the information below:

1. Contact Information

Holder Name: _____ Contact Person (if different): _____

Business Name: _____ Email: (business) _____

Mailing Address: _____ Email: (Contact Person) _____

(Note if Winter/Summer)

_____ Website: _____

Phone: _____ Fax: _____

(Note if Winter/Summer)

(Note if Winter/Summer)

2. Services provided:

VISITOR USE INFORMATION

3. How many clients did you serve within the park? _____

How many trips did your company make to the park this year? _____

(Use table below to report total numbers for each month)

4. What was your average length of stay per visit in the park this year?

(For day trips show the average number of hours that you spend in the park per trip.

For overnight trips show the average number of nights that you spend in the park per trip.

If both types of trips were offered show the average length of stay for each type.)

Day Use

Number of Day Trips _____ Average Hours/trip _____

(Show trips that use lodging outside of the park, as day trips.)

Overnight Use

Number of Overnight Trips _____ Average # of Nights/trip _____

(May include 1st day travel to trailhead and last day exiting backcountry.)

5. The park is:

- ☐ the **exclusive** destination for your clients. (This means it is the only destination being offered on the trip, not including brief stops along the way. 100% of your trip is a result of your visiting the park.)
- ☐ a key **destination** or a **significant location**. (This means it is one of several sites where your services are provided. Some percentage of your trip is a result of visiting the park.)

6. What percentage of your trip is a result of visiting the park? _____

FINANCIAL INFORMATION

7. What were the total gross receipts from your operation? _____
8. What were the gross receipts earned as a result of visiting the park? _____

See Instructions

INJURY INFORMATION

9. Did you have any reportable injuries occur during your trips this year? Yes ☐ No ☐

If yes, please use a separate sheet of paper to report the date and type of injury and a brief statement of the incident and the outcome of the patient care, please omit the patient's name. A reportable injury involves any medical incident or injury requiring medical aid beyond Basic First Aid and/or when a request for medical aid/rescue assistance is made. You do not need to send in a report if you have already done so.

10. Signature: False, fictitious or fraudulent statements of representations made in this report may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or **imprisonment** (U.S. Code, Title 18, Section 1001). All information provided will be considered in reviewing this report. Authorized Agents must attach proof of authorization to sign below.

By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.

Signature

Date

Printed Name

Title

PAPERWORK REDUCTION ACT STATEMENT: In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (16 U.S.C. 5966). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your impact to park resources and compliance with park regulations and limitations. We estimate that it will take approximately 1.25 hours to prepare a report, including time to review instructions, gather and maintain data, and complete and review the report. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number. You may submit comments on any aspect of this information collection, including the accuracy of the estimated burden hours and suggestions to reduce this burden. Send your comments to: Information Collection Clearance Officer, National Park Service, 1849 C Street NW, Mail Stop 2601, Washington, D.C. 20240.